## STATE OF NEW HAMPSHIRE

## 2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

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PLEASE PRINT

NOV 16 2017

1. Name of Lobbyist(s) Heather Carroll	NUV 10 2017
1. Name of Lobbyist(s) Helf (ILLY CITCHO)	NEW HAMPSHIRE
II. Name of lobbyist's partnership, firm or corporation, if any:	DEPARTMENT OF STATE
(Name of partnership, firm or corporation)	A
Husiness Address: (Street)  Riva 12d Bedford  (Town/City)	NH 03 110 (State) (Zip Code)
(603) <u>606 - 10590</u> (603) <u>606 - 6803</u> e-n (Telephone) (Fax)	nail hearvolle alzeg
III. This statement covers: (Choose one – file separate reports for each clie reportable expense transactions which are not attributable to any one clien	
☐ All reportable transactions occurring in the months prior to the reporting da	ate relative to the following client:
(Full Name of Client as it appears on the Lobbyist Registration	on Form)
$\hfill \square$ All reportable transactions by the lobbyist (including the lobbyist's family), unrelated to any particular client.	or the lobbying firm listed below which are
	6, 2017 <b>4</b> 4/1/17 to 6/30/17
	ry 31, 2018 10/1/17 to 12/31/17
V. There have been no fees received and no reportable transactions If this box is checked, complete just this form and submit it to the Secretary of S. Concord, NH 03301.	
VI. Check if additional reports are attached:	
$\square$ If you have received fees or made expenditures, you must file <b>Addendum</b>	A- Fees and Expenses
☐ If you have paid an honorarium or reimbursed expenses, you must file Add Expense Reimbursement	dendum B- Report of Honorariums or
☐ If you, your firm, or your family has made political contributions, you must	st file Addendum C- Political Contributions
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B, RSA 14-C and RSA 664 and hereby swear or a and complete to the best of my knowledge and belief.   On the swear of the best of my knowledge and belief.	affirm that the foregoing information is true
(Signature of lobbyist)  Heather Carroll	(Date)
(Print Name of lobbyist)	

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# STATE OF NEW HAMPSHIRE

# Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) Heather CARROll		
II. Name of lobbyist's partnership, firm or corporation, if any:		
(Name of partnership, firm or corporation)		
III. Name of Client the Alzheimen's Association	Date	
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The groreduced by any expenses:	relations, or public relations services	
a) Total of all fees received in this reporting period	a)\$16,500 00	
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year).	b) \$ <u>O</u>	
c) Total of all fees received to date (Add lines a and b)	c)\$ 16,500.	
d) Indicate the amount of any such fees that are due, but have not yet been paid	o)\$ 16,500.	
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report responses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of lebeing lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greater restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	capriment and it expenditures are made by may be filed for the lobbyist(s)/firm aggregate total of all expenses paid aggregate total of all expenses; (b) the aggregate total of all ele: meals purchased during a business st than \$10 that is given to the person ad with a value of \$25.00 or less); and orting period of greater than \$25.00 for the of greater than \$25, purchase of a trans \$25, but not greater than \$50, expense reimbursement, or political	
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$ <u>0</u> .00	
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$ 0.00 c) \$ 0.00	
c) Total of all itemized expenditures reported in detail in section VI.	c)\$_ <u>(),0()</u>	

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$ <u>0 · 0</u>
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$ <u>O · O · O · </u>
f) Total of all expenses year to date	ns_0.00
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leperiod, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
	·
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affir is true and complete to the best of my knowledge and belief.	m that the foregoing information
Heather M Carrell	
(Signature of lobbyist)	(Date)
Heather Carroll (Print Name of lobbyist)	